

RSNA *News*

JANUARY 2003 ■ VOLUME 13, NUMBER 1

Hedvig Hricak, M.D., Ph.D., Joins 2003 RSNA Board of Directors



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- NCRP Coordinates Strategy on CT Dose Recommendations
- CARE Act Returns to Capitol Hill
- Radiation Therapy Underutilized for Treatment of Cancer-Related Pain
- Diagnostic Radiologists See Increase in Income
- RSNA Provides Image License for Authors
- Implementing HIPAA Privacy and Security Rules in a Radiology Department

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April 15, 2003

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RSNA News

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Letters to the Editor:

E-mail: rsnanews@rsna.org

Fax: (630) 571-7837

RSNA News

820 Jorie Blvd.

Oak Brook, IL 60523

Subscriptions

Phone: (630) 571-7873

E-mail: subscrip@rsna.org

Reprints and Permissions

Phone: (630) 571-7829

Fax: (630) 590-7724

E-mail: strassne@rsna.org

Advertising

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RSNA President Peggy J. Fritzsche, M.D.

Peggy J. Fritzsche, M.D., was inaugurated at RSNA 2002 as the Society's 88th president.

Dr. Fritzsche has been a member of the RSNA Board of Directors since 1995. She has been a dedicated, enthusiastic RSNA member since 1978.

Dr. Fritzsche has served on many RSNA committees including the Education Council, the Audiovisual Services Committee, FutuRAD and the Ad Hoc Committee for the Roentgen Centennial. As Board Liaison for Communications and Corporate Relations, Dr. Fritzsche was responsible for guidance on RSNA's Public Information Advisory Board and was instrumental in expanding RSNA's public information efforts.

Dr. Fritzsche is the medical director at MRI centers in Riverside and San Bernardino, Calif., and Inland Empire Regional PET Center, where, she says, "my patients are my ambassadors."

Regarded as an active supporter of organized medicine on the county, state and national levels, Dr. Fritzsche is a delegate of the California Medical Association and an alternate delegate to the American Medical Association (AMA) House of Delegates. She is a

member of the California Medical Association CalPac Board of Trustees and a key legislative contact. She is a past-president of the San Bernardino County Medical Society. A fellow of the American College of Radiology (ACR), Dr. Fritzsche is an ACR councilor and was a member of ACR's expert panel for the Task Force on Radiologic Appropriateness Criteria, and Commission on Neuroradiology and MR Education.

Dr. Fritzsche is a past-president of the American Association for Women Radiologists. She served on the Governing Board of the Women Physicians Congress of the AMA and was a member of the Society of Magnetic Resonance Imaging's program committee.

Dr. Fritzsche is highly committed to Loma Linda University, where she earned her medical degree and is a clinical professor. She was president of the medical staff and of the university's Alumni Association Holding Fund. She also has served on the Board of Directors of the university's Alumni Association.

Dr. Fritzsche has served as a scientific referee for *Radiology*, *Academic*

Radiology and *The Journal of Magnetic Resonance Imaging*. She also served on the editorial board of *RadioGraphics*.

Dr. Fritzsche has authored more than 50 peer-reviewed journal articles and book chapters

and has presented at more than 200 regional, national and international scientific meetings and educational symposia. She was the primary author of the 1993 Raven MRI Teaching File, *MRI of the Body*. Dr.

Fritzsche's publications have focused on genitourinary radiology and MRI with research in the areas of contrast agents and percutaneous invasive procedures.

Dr. Fritzsche is married to head and neck/neuroradiologist, Anton N. Hasso, M.D. They have two sons.

A more in-depth article on Dr. Fritzsche, written by Burton P. Drayer, M.D., appears in the January issue of *Radiology*. □



Peggy J. Fritzsche, M.D.
2003 RSNA President

RSNA Board Chairman David H. Hussey, M.D.

David H. Hussey, M.D., is the new chairman of the RSNA Board of Directors.

Dr. Hussey has been a dedicated RSNA member for more than 30 years. He was elected to the Board of Directors in 1998 after serving on many committees including the Program Committee, the Refresher Course Committee, the Inter-Society Council for Radiation Oncology and the Meeting-related Publications Committee.

Dr. Hussey is currently a clinical professor in the Department of Radiation Oncology at The University of Texas Health Science Center in San

Antonio. Previously, he was the director of the Division of Radiation Oncology at the University of Iowa College of Medicine and a professor of radiotherapy at The University of Texas M.D. Anderson Hospital and Tumor Institute in Houston.

Named one of "The Best Doctors in America" by Woodward/White Inc., his main areas of interest include graduate medical education, altered radiotherapy fractionation schedules, early and late normal tissue radiation injury in large animals, head and neck and genitourinary cancer, and fast neutron radiotherapy.

Dr. Hussey has published more than 120 peer-reviewed papers and has authored more than 38 chapters in textbooks. He was a journal referee for several scholarly journals including *Radiology*, *RadioGraphics*, *Cancer* and the *International Journal of Radiation Biology and*



David H. Hussey, M.D.
2003 RSNA Chairman

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RSNA Board Chairman David H. Hussey, M.D.

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Physics. He has been a peer reviewer for *Obstetrics and Gynecology*, *Spine* and *Gynecologic Oncology*.

Dr. Hussey is past-president of the American Radium Society, the American Society for Therapeutic Radiology and Oncology, and the Gilbert H. Fletcher Society. He is a fellow of the American College of Radiology and serves on several ACR committees. Dr. Hussey has also served the National Institutes of Health on several committees for the National Cancer Institute.

He is currently a trustee of the

American Board of Radiology, where he heads the Examination Committee for Radiation Oncology. He is also a member of the Residency Review Committee for Radiation Oncology.

Dr. Hussey graduated from the Washington University School of Medicine in St. Louis in 1964. After completing his internship and residency at University of Iowa Hospitals and Clinics, he was named a fellow in radiotherapy at The University of Texas M.D. Anderson Hospital and Tumor Institute, and was in charge of the fast

neutron radiotherapy program using the Texas A&M Variable Energy Cyclotron (TAMVEC).

After the completion of his fellowship, Dr. Hussey became an assistant professor of radiotherapy at M.D. Anderson, and by the early 1980s, he had worked his way up to professor of radiotherapy. In 1985, he left M.D. Anderson and spent the next 17 years at the University of Iowa College of Medicine before returning to Texas. □

RSNA President-Elect Brian C. Lentle, M.D.

Brian C. Lentle, M.D., is RSNA's 2003 president-elect. Dr. Lentle has been a member of RSNA since 1993 and has served as a member of the



Brian C. Lentle, M.D.
2003 RSNA president-elect

Ethics Committee as well as the FutuRAD Committee. In 1998, he was elected to the RSNA Board of Directors as the Liaison for Education.

Dr. Lentle is a professor emeritus and former head of the Department of Radiology at the University of British Columbia and

recently retired as the chairman of the Department of Radiology at Vancouver General Hospital.

He is now a radiologist at the Women's and Children's Health Centre of British Columbia.

Dr. Lentle's areas of interest and expertise include nuclear medicine, radiology, osteoporosis and the history of medicine. He has served as a reference radiologist for several national and international trials of osteoporosis treatment. He has published more than

130 peer-reviewed articles, has jointly edited three books and has written 17 book chapters.

Dr. Lentle is a member of the Canadian Medical Association. He is past-president of the Pacific Northwest Radiological Society and of the Canadian Association of Radiologists. He has specialty qualifications in radiology and nuclear medicine from the Royal College of Physicians and Surgeons in Canada and is a fellow of the American College of Radiology.

Born and raised in Cardiff, Wales,

Dr. Lentle received bachelor's degrees in medicine and surgery from the University of Wales in 1959, his Diploma in Medical Radiation Diagnosis (DMRD) from the Royal College of Physicians and Surgeons—London in 1965, and an M.D. by thesis in 1967. That year, he moved to Canada and was a resident in radiology at the Royal Alexandra Hospital and the University of Alberta in Edmonton.

In 1986, he moved to Vancouver where he lives today. □



2003 RSNA President Peggy J. Fritzsche, M.D., receives the presidential gavel from 2002 RSNA President R. Nick Bryan, M.D., Ph.D.

Hedvig Hricak, M.D., Ph.D., Joins RSNA Board of Directors

Hedvig Hricak, M.D., Ph.D., chairman of the Department of Radiology at the Memorial Sloan-Kettering Cancer Center in New York City, has been elected to a six-year term on the RSNA Board of Directors.

During her first year on the Board, she will serve as the Liaison-designate for Publications and Communications.

A native of Zagreb, Croatia, Dr. Hricak obtained her medical degree in 1970 at the University of Zagreb. In May 1974, she started her radiology residency at St. Joseph Mercy Hospital in Pontiac, Mich., followed by a fellowship in computed tomography and ultrasound at Henry Ford Hospital in Detroit, where she subsequently became a senior staff member. She studied at the Karolinska Institute in Stockholm, Sweden, from 1991 to 1992, where she obtained her Dr.Med.Sci. (Ph.D.).

She held her first academic position, assistant clinical professor in diagnostic radiology, at the University of Michigan. She has spent most of her career, from 1982 to 2000, on the West Coast

where she became a professor of radiology, urology, radiation oncology, obstetrics, gynecology, and reproductive sciences and head of abdominal imaging at the University of California, San Francisco. In 2000, she relocated to the East Coast to accept chairmanship of the department of Radiology at Memorial Sloan-Kettering.

Dr. Hricak's first published medical paper, "Duodenocolonic Fistula with Gallstone Ileus," appeared in a 1978 issue of the *American Journal of Gastroenterology*. She has published an additional 264 articles, as well as 11 reviews and 131 book chapters, and edited or co-edited 19 books since that time.

Dr. Hricak was a member of nearly two-dozen professional organizations. She is on the Executive Board of



Hedvig Hricak, M.D., Ph.D.
RSNA Board Liaison-designate for Publications and Communications

Directors of the Academy of Radiology Research and president of the Society of Uroradiology. She was a member of the National Institutes of Health, Board of Scientific Counselors (five-member board) from 1996-2000. In 2002, she was elected as a member of the Institute of Medicine of The National Academies. She is also a member of the National Cancer Institute Board

of Scientific Advisors and vice-president of the New York Roentgen Society

Since 1995, Dr. Hricak has chaired the Society's Public Information Advisory Board, which serves as a resource to the media for scientific information presented at RSNA meetings and in its journals. She has also been a member of the Public Communications Committee. □

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Call for Volunteers

Join the many dedicated professionals who have volunteered their time and expertise to help RSNA carry out its mission to “promote and develop the highest standards of radiology and related sciences through education and research.”

Volunteers are the backbone of the Society. RSNA's success in achieving its goals in education and research is due to the high level of professionalism of its members and other colleagues who generously share their scientific knowledge and administrative abilities.

Volunteers are needed for 2003 and in future years. RSNA committees include:

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PEOPLE IN THE NEWS

Woodard Earns NIH Grant

RSNA Research Fellow and Research Scholar Pamela K. Woodard, M.D., is the principal investigator for Washington University in St. Louis in an eight-center study funded by a \$13.5 million grant from the National Institutes of Health. The goal of the study, Prospective Investigation in Pulmonary Embolism Dx-II, is to assess the accuracy and utility of multidetector contrast-enhanced spiral CT for the detection of pulmonary embolism. Among the other



Pamela K. Woodard, M.D.



H. Dirk Sostman, M.D.

seven centers participating, only one other principal investigator is a radiologist. It is H. Dirk Sostman, M.D., from Cornell University.

RSNA News

Send your submissions for *People in the News* to rsnanews@rsna.org, (630) 571-7837 fax, or *RSNA News*, 820 Jorie Blvd., Oak Brook, IL 60523. Please include your full name and telephone number. You may also include a non-returnable color photo, 3x5 or larger, or electronic photo in high-resolution (300 dpi or higher) TIFF or JPEG format (not embedded in a document). *RSNA News* maintains the right to accept information for print based on membership status, newsworthiness and available print space.

Wallace New CMSS President

Karl K. Wallace Jr., M.D., a professor emeritus in the Department of Radiology at the University of Virginia in



Karl K. Wallace Jr., M.D.

Charlottesville, is the new president of the Council of Medical Specialty Societies (CMSS). Founded in 1965 as the Tri-College Council, CMSS was

created to provide an independent forum for the discussion by medical specialists of issues of national interest and mutual concern. The founding members were the American College of Obstetricians and Gynecologists, the American College of Physicians and the American College of Surgeons. Today, 21 societies with an aggregate membership of 375,000 physicians are members of CMSS.



(right) NIBIB Director Roderic I. Pettigrew, M.D., Ph.D., provided an update on the new institute and plans for the future during a plenary session at RSNA 2002. (above) 2002 RSNA President R. Nick Bryan, M.D., Ph.D., Dr. Pettigrew, and Gary J. Becker, M.D., Board Liaison for Science.



NIBIB Welcomes 10 to Its New Advisory Council

Ten prominent scientists have accepted appointments to serve on the recently established National Advisory Council for Biomedical Imaging and Bioengineering (NACBIB). The Council is the major advisory group to the National Institute of Biomedical Imaging and Bioengineering, and

provides recommendations on the conduct and support of biomedical imaging and bioengineering research and research training. The first meeting of the Advisory Council is scheduled for January 16 and 17, 2003.

The new members are

- **Carlo J. Deluca, Ph.D.**, director of the NeuroMuscular Research Center and professor in biomedical engineering at Boston University
- **Janie M. Fouke, Ph.D.**, dean of the College of Engineering at Michigan State University
- **R. Brent Harrison, M.D.**, professor and chairman of the Department of Radiology at the University of Mississippi Medical Center
- **Shirley Ann Jackson, Ph.D.**, president of Rensselaer Polytechnic Institute
- **Linda C. Lucas, Ph.D.**, dean of the University of Alabama School of Engineering in Birmingham
- **C. Douglas Maynard, M.D.**, special advisor to the President of Health Sciences and professor of radiology at Wake Forest University School of Medicine
- **Rebecca Richards-Kortum, Ph.D.**, professor and associate chair for research in the Department of Electrical and Computer Engineering at the University of Texas in Austin
- **Stephen A. Williams, M.D., Ph.D.**, executive director and worldwide head of clinical technology at Pfizer Global Research and Development, Pfizer Inc.
- **Frank C.P. Yin, M.D., Ph.D.**, chair of the Department of Biomedical Engineering at Washington University in St. Louis
- **James A. Zagzebski, Ph.D.**, professor and chair of the Department of Medical Physics at the University of Wisconsin Medical School in Madison

NCRP Coordinates Strategy on CT Dose Recommendations

Although there has been near unanimity among radiologists that too many patients are getting too much radiation from computed tomography (CT) examinations, no one yet has been able to develop a dose-reduction strategy that radiologists, medical physicists, technologists and government officials can strongly endorse.

But that may change as a result of a symposium organized by the National Council on Radiation Protection and Measurement (NCRP) through a grant from the Diagnostic Imaging Branch of the National Cancer Institute. Attended by 130 of the country's CT users, suppliers and interpreters, the symposium resulted in recommendations by workgroups in four areas:

- education
- equipment-ALARA (as low as reasonably achievable)
- policy regulation
- clinical

When the recommendations were presented to the entire symposium on November 7 in suburban Arlington, Va., it was clear from audience comments that there were areas of substantial agreement and areas of substantial discord. There was near unanimity that a way must be found to lower CT doses for pediatric patients, but there was disagreement over categorization of CT dose in general. For example, David J. Goodenough, Ph.D., professor at George Washington University, objected to an overemphasis on the dangers of dose. Noting that the resolution of CT has increased 10-fold since the 1970s while radiation dose has remained about the same, he asked, "Where else can you find an imaging modality that has improved that



James A. Brink, M.D.
Yale University School of Medicine



Donald P. Frush, M.D.
Duke University Medical Center

much?" He credited manufacturer excellence for the improvement.

During the presentation by the clinical work group, Dr. Goodenough questioned the background statement that "current CT practice provides doses

It is great to have a new 16-slice scanner come on the market, but radiologists need more help on how to use that machine than just the manufacturer sending out an applications specialist.

—Donald P. Frush, M.D.

that are unnecessarily high." He remarked, "I keep worrying about throwing out a beautiful baby with the bathwater."

Prior to the presentations by the

four work groups, symposium chairman and RSNA liaison to the NCRP, Fred A. Mettler Jr., M.D., cautioned, "We want to keep from falling into the trap of being too specific."

The workgroups brought Dr. Mettler's hope to fruition; many of the recommendations were general, both in terms of their language and the plans for accomplishing them. Each recommendation also has an associated time-frame. The American College of Radiology (ACR), the American Association of Physicists in Medicine (AAPM), the National Electrical Manufacturers Association (NEMA), and other organizations are urged to bring these recommendations into reality.

Toward the end of the hour-long presentation of the recommendations, a voice rang out from the audience asking, plaintively, "So we are suppose to volunteer our time to get this done?" Dr. Mettler answered, in effect, "Yes."

Equipment-ALARA

The equipment-ALARA recommendations were presented by Cynthia McCollough, Ph.D., of the physics section in the Department of Radiology at the Mayo Clinic, and Michael McNitt-Gray, Ph.D., of the physics section of the Department of Radiology at UCLA.



Cynthia McCollough, Ph.D.
Department of Radiology,
Mayo Clinic

This workgroup's two key recommendations involved technique charts and a moratorium on new dose terms. With regard to the charts, the workgroup suggested the development of a table of relative mAs levels that can be used in any scanner based on patient diameter or weight. The second recommendation was to provide clinical protocols to all users for all scanners, with a priority on newly installed scanners, that have target CT dose index (CTDI) volume values.

One attendee argued that instead of using the words "moratorium on new terminology," a better phrase would be "standardization of terminology." Dr. McCollough agreed but explained that the recommendation was directed toward manufacturers in the terminology they use for their products. "We don't want to have the kind of mess we had three or four years ago with the term 'pitch.'"

Education

James A. Brink, M.D., a professor of radiology at Yale University School of Medicine, and Anne Edwards, R.T.(R)(CT), senior technologist at St. Luke's Methodist Hospital in Iowa, explained the recommendations from the education workgroup. Dr. Brink immediately stressed the underlying theme of the suggestions: avoiding excessive use of radiation, particularly in pediatric patients and via screening CT exams. The dominant recommendation was the creation of a booklet on radiation dose from CT that physicians could use when counseling patients. The idea would be to relate radiation dose for a particular patient and a particular exam to the risks involved, and then compare those risks to other risks the patient faces in everyday life.

This recommendation sparked audience worries about what some viewed as unnecessarily scaring people away from CT. "As we have heard at this symposium," someone said from a microphone in the aisle, "not even the experts agree on the correct dose term to use."

Policy Regulations

Relative risk again came to the forefront during the policy regulation recommendations, introduced by Jill Lipoti, Ph.D., associate director for radiation protection programs at the New Jersey Department of Environmental Protection, and Howard P. Forman, M.D., M.B.A., associate professor of diagnostic radiology and management at Yale-New Haven Hospital. Dr. McCollough rose from her seat in the audience and said that Mayo gives its patients a little chart which shows typical radiation doses for things such as cardiac catheterization and barium ene-

mas and compares those doses to doses for CT. "That kind of brochure, which presents generic information, does not scare patients," she said.

Dr. Mettler, chief of radiology at the University of New Mexico in Albuquerque, asked how many in the audience used such a brochure at their medical institution. One hand went up. Dr. Mettler suggested that ACR could prepare such a brochure for distribution.

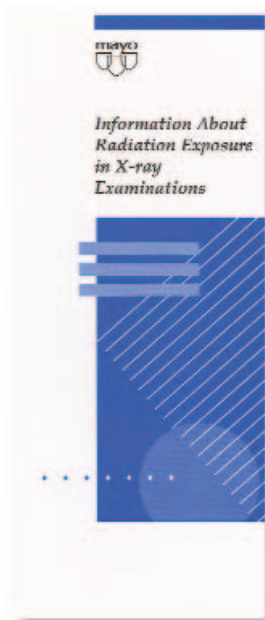
Clinical

Only the clinical recommendations had any explicit reference to radiologists. Donald P. Frush, M.D., professor of radiology at Duke University Medical Center, explained that his workgroup thought radiologists should insist upon regularly scheduled in-service educa-

tion programs for CT technologists devoted to lowering exposure dose in CT exams. Manufacturers also have to do more to explain to radiologists how equipment is used. "It is great to have a new 16-slice scanner come on the market," Dr. Frush said, "but radiologists need more help on how to use that machine than just the manufacturer sending out an applications specialist."

A summary of the symposium, including the recommendations of the four workgroups, is being prepared by Dr. Mettler and Otha W. Linton, executive direc-

tor of the International Society of Radiology, for publication early next summer. NCI also plans to widely circulate parts of the speaker's presentations in an electronic format. □



The Mayo Clinic distributes brochures like this one to its patients to help them better understand radiation exposure.

CARE Act Returns to Capitol Hill

“The third time is the charm.” That’s what radiology groups are hoping for with regard to the Consumer Assurance of Radiologic Excellence (CARE), a bill which will take its third shot at congressional passage when Congress reconvenes this year. The bill would set up minimum federal requirements for education and certification of medical imaging and radiation therapy professionals, which has become a much bigger issue over the past few years as concern has risen about the level of radiation to which patients undergoing CT are exposed.

In 2001, Rep. Heather Wilson (R-N.M.), a member of the House Energy & Commerce Committee, introduced the bill (then H.R. 1011), which was referred to that committee. Ultimately, over 50 other Democrats and Republicans signed on as co-sponsors. But the committee never held hearings on the bill, nor was a vote scheduled. No senator introduced a companion version on the other side of the Hill. That lack of action paralleled what happened in the previous Congress, when a slightly different bill was ignored.

Bill Uffelman, general counsel and director of public affairs for the Society of Nuclear Medicine (SNM), says he hopes the third try, in the new 108th Congress, will be successful. Besides SNM, the American College of Radiology and the American Society of Radiologic Technologists (ASRT) all support the legislation, which will probably be reintroduced by Wilson.

The CARE bill creates a powerful incentive for states to comply: Those that do not meet the minimum standards risk losing Medicaid reimbursement for radiologic procedures.



Rep. Heather Wilson (R-N.M.) left, speaking with Michael DelVecchio, former ASRT chairman, and Stephanie Perez, an R.T. from New Mexico. Rep. Wilson sponsored the CARE bill in the House of Representatives in 2001.

Uffelman says the bill didn’t move forward in the last Congress because of 9/11, when issues such as terrorism, homeland defense and Iraq absorbed an inordinate amount of congressional time. Barring another terrorist incident, there should be more time available on Capitol Hill for issues such as radiologic technologist certification. “The issue needs to become a priority if we are to get some forward movement,” explains Uffelman.

Some in Congress may be complacent because of the 1981 Consumer-Patient Radiation Health and Safety Act. It directed the Department of Health and Human Services to establish

minimum standards for the education and credentialing of RTs.

Because the 1981 act is voluntary, however, compliance has been spotty. Only 35 states license radiographers, 28 states license radiation therapists and 23 states license nuclear medicine technologists. Among states that have implemented licensing laws, regulations vary widely, making a federal program crucial, according to Ceela McElveny, director of public relations for ASRT. “Some states have good laws, but some have laws that are so weak that patients aren’t really protected.”

In states that have not enacted laws (including Alabama, Alaska, Georgia, Idaho, Kansas, Michigan, Missouri, Nevada, New Hampshire, North Carolina, North Dakota, Oklahoma, Pennsylvania, South Dakota and Wisconsin), personnel can often administer radiologic procedures after just a few hours



Sen. Tom Harkin (D-Iowa), left, speaking with two ASRT members during a lobbying event on Capitol Hill sponsored by ASRT.

of on-the-job training. The CARE bill creates a powerful incentive for states to comply: Those that do not meet the minimum standards risk losing Medicaid reimbursement for radiologic procedures.

Why radiologists should care about CARE

The CARE bill would force the federal government to come up with minimum licensure standards for nuclear medicine technologists, radiation therapists, radiographers, MR technologists, medical physicists and medical dosimetrists. States could add to the requirements for licensure if they desired. The program would be similar to the RT credentialing provisions of the Mammography Quality Standards Act. The American Registry of Radiologic Technologists does the mammographer credentialing under that law.

Besides helping to ensure that RTs and other imaging professionals pro-

duce high-quality images, the bill might reduce the number of malpractice suits against physicians who read poor-quality images and then provide an incorrect diagnosis. Rep. Wilson hinted at that benefit when she said, in introducing her bill, “Accurate diagnosis and effective treatment can be provided only when personnel are properly educated in anatomy, technique, equipment operation, and radiation safety,” she explained.

Christine Lung, director of government relations for ASRT, notes that her organization started lobbying for the

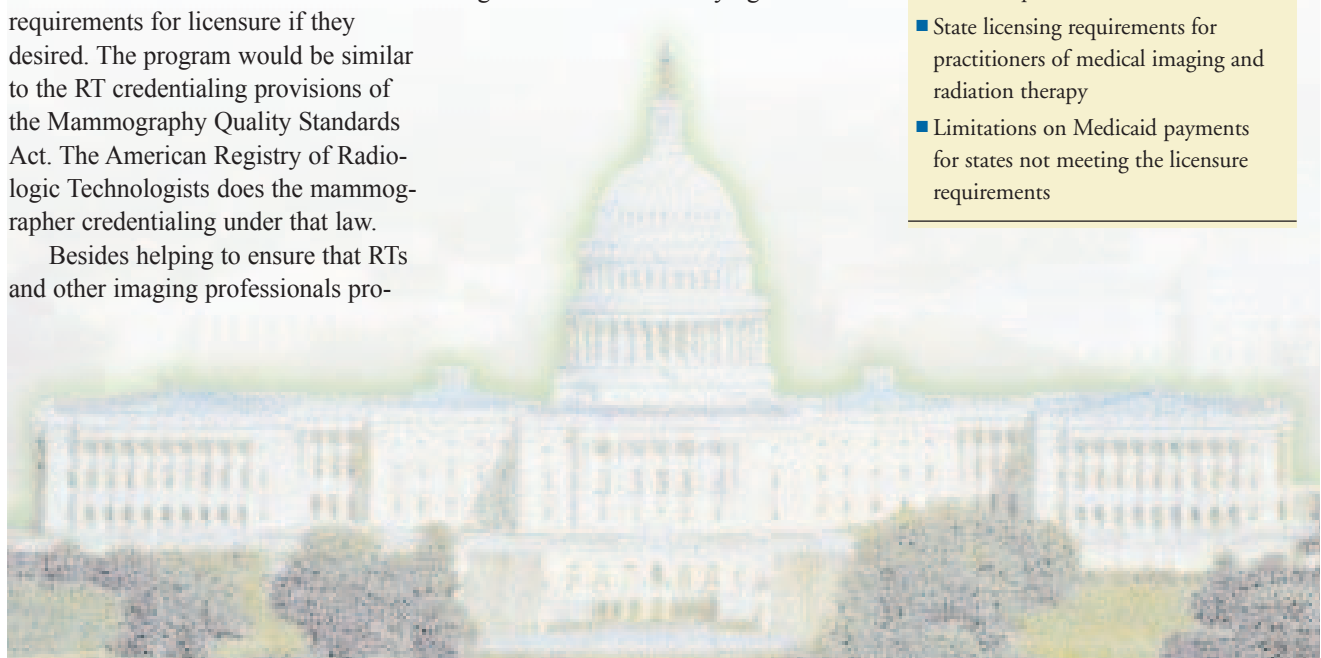
1981 Consumer-Patient Radiation Health and Safety Act in 1968. That is how long it took to convince Congress to pass that voluntary licensing program. “We’re hoping the CARE bill passes a lot sooner,” Lung adds. □

Consumer Assurance of Radiologist Excellent Act

Would amend the Social Security Act to provide public access to quality medical imaging procedures and radiation therapy procedures.

This bill requires:

- State licensing requirements for practitioners of medical imaging and radiation therapy
- Limitations on Medicaid payments for states not meeting the licensure requirements



Radiation Therapy Underutilized for Treatment of Cancer-Related Pain

Radiology's capability to reduce the pain of cancer is underutilized, according to pain experts attending the recent annual meeting of the American Society for Therapeutic Radiology and Oncology (ASTRO).

"Radiation is one of the most effective means of relieving cancer-related pain because it shrinks tumors," says Nora A. Janjan, M.D., an internationally known palliative care specialist at the University of Texas M.D. Anderson Cancer Center in Houston. "Using short courses of radiation that target the source of pain, the pain can also be efficiently relieved. Studies have shown that relief of symptoms can occur within two weeks of treatment."

"For example, if a patient has a swollen leg because of a lymphatic obstruction by a tumor, radiation can shrink the tumor and the lymphatic channels become patent. Not only is there pain relief, but all of the problems that go along with a swollen leg, like limited mobility, can also be resolved. Radiation, whether used to treat bone metastases or soft tissue masses, is an effective and efficient means to relieve symptoms that are directly or indirectly caused by the tumor."

But too often, she says, radiotherapy is used only after other therapies fail to provide relief of symptoms. Dr. Janjan, the current chair of ASTRO, says she believes physicians have been influenced by a 1996 bisphosphonate study published in *The New England Journal of Medicine* in which palliative treatment



Nora A. Janjan, M.D.
University of Texas M.D. Anderson Cancer Center



Porter Storey, M.D.
St. Luke's Episcopal Hospital

guidelines were truncated to avoid radiation. She says further studies are necessary to optimize treatment of patients with bone metastases. While bisphosphonates in combination with either chemotherapy or hormonal therapy delayed the use of radiation in a statistically greater number of patients, better and more efficient pain relief may have been accomplished if radiation had also been used to treat the symptomatic site.

"Studies by Porter and colleagues used localized radiation to relieve pain at the symptomatic site and found that radiopharmaceuticals, Strontium in this case, were effective in delaying the development of symptoms in other sites of bone metastases when compared to using localized radiation alone," Dr. Janjan says.

She adds that it must be recognized

that the focus of these two studies was different. The focus of the bisphosphonate study was to delay the use of any type of radiation. However, among the patients who failed to respond to the bisphosphonates, pain relief had to be accomplished with analgesics until radiation was administered. There was also a risk for adverse events like a pathological fracture. The focus of the Porter study was to rapidly relieve symptoms by giving localized radiation to all patients, and to determine if a systemic treatment (Strontium) reduced the risk of developing pain in other known sites of bone metastases. Based on these considerations and the model of combined modality therapy used in oncology, Dr. Janjan calls for studies that help determine the best combination of treatments based on specific clinical parameters.

"It is clear that cancer patients also need more information to learn about the benefits of radiation therapy so they



understand that it is an important cancer treatment. In fact, more than two thirds of cancer patients receive radiation. And doctors need to provide the best combination of treatments that relieve symptoms of cancer while minimizing the physical and emotional impact on the lives of their patients,” says Dr. Janjan.

Another major barrier to palliative radiotherapy is what Kathleen Foley, M.D., calls “the nation’s single-minded focus on curing cancer.” Dr. Foley, a neurologist and pain specialist at Memorial Sloan-Kettering Cancer Center in New York City, says in doing so, “We have inadvertently devalued the critical need to alleviate physical and psychological symptoms over the course of the disease.” She says the nation, and that includes the National Cancer Institute (NCI), “needs to get serious about reducing needless suffering and commit to and fund research aimed at improving symptom control and palliative care.”

She says the NCI is working on several fronts, including an attempt to improve communication about palliative and end-of-life care and symptom control. The NCI also is involved in an oncology-specific educational program called EPEC (Education of Physicians in End-of-Life Care). Finally, she says both ASTRO and ASCO (The American Society of Clinical Oncology) are putting their shoulders to research and education efforts.

Dr. Foley says insurance coverage for palliative and hospice care also contributes to the problem by forcing people to choose between active treatment and hospice care. “The Medicare hospice benefit is designed specifically for

“Good research would define radiotherapy as an appropriate treatment and help us better understand how we should suggest to very sick patients how radiotherapy could improve the last days of their lives.”

—Kathleen Foley, M.D.

people in the final stages of illness and allows enrollment only if patients are expected to survive six months or less. The benefit excludes patients from seeking both palliative care and potentially life-extending treatment.”

Reimbursement issues also top the grievance list of Porter Storey, M.D., medical director of St. Luke’s Episcopal Hospital’s Palliative Care Service in Houston. “The current reimbursement system dictates the availability of hospice services and acute medical care, like radiation therapy. You can only get one or the other, practically speaking.”

Medicare says hospice patients can get radiotherapy, but the hospices are financially responsible for all treatment related to the terminal illness, and the therapy costs much more than what hospices are being paid, says Dr. Storey. “So it makes it practically impossible for an advanced cancer patient to get both radiation treatment and hospice care, and that’s tragic. Hospice services need to be part of a seamless continuum of supportive care that begins as soon as the disease is diagnosed, and continues through the final days of life and into the bereavement period.”

Dr. Storey says the policy is self-defeating because it ends up costing

Medicare more money than if patients were able to get palliative care at home with the added advantage of radiation and other treatments. “If you don’t elect hospice care and you go to the hospital, Medicare will pay for radiation therapy and other hospital services,” says Dr. Storey. “So what you’re doing is forcing cancer patients to stay in the hospital system. That not only costs more, but also limits the time that a patient can spend with the family.”

Dr. Foley says radiation oncologists and radiologists can demonstrate the value of radiotherapy’s role in palliative care by doing more research. “Good research would define radiotherapy as an appropriate treatment and help us better understand how we should suggest to very sick patients how radiotherapy could improve the last days of their lives.” □

Diagnostic Radiologists See Increase in Income

Earnings for diagnostic radiologists increased by more than 15 percent in 2001, with interventional radiologists leading the pack among all medical specialties with a 16.3 percent increase, according to the latest American Medical Group Association (AMGA) Medical Group Compensation & Productivity Survey—a survey that the Society of Interventional Radiology (SIR) finds flawed.

The median compensation for interventional radiologists rose from \$306,000 in 2000, to \$356,000 in 2001, the survey found.

Compensation increased by 11.4 percent for dermatologists, by 9.1 percent for anesthesiologists, by 8.6 percent for catheterization laboratory cardiologists and by 6 percent for general cardiologists.

“Many parts of the country are experiencing a healthcare staffing crisis, and it is becoming more pervasive in certain specialties,” says Donald W. Fisher, Ph.D., president and chief executive officer of AMGA. “We are hearing this from our member groups around the country.”

“The rise in compensation for radiology and other specialties reflects the fact that the demand for those services is much higher than the supply of healthcare professionals to deliver them. Many factors contribute to this shortage including the legacy of managed care and the focus of medical education as well as various environmental factors,” Dr. Fisher says.

“Although radiologists may benefit in the short term, the negative impact on access—already a major challenge for most healthcare systems—will definitely affect patient care.”

The survey represents 242 medical groups consisting of approximately 31,000 physicians.

“I believe that our managed care-limited diagnostic approach to healthcare in the early ‘90s has brought us to a point where the diagnostic specialties are understaffed. The more recent trend toward patient-centered care and direct access has placed additional burdens on the diagnostic specialties,” explains Shawn Schwartz, M.B.A., a manager at RSM McGladrey, Inc., which conducts AMGA’s annual compensation survey.

Multispecialty practices are competing with single-specialty radiology practices for talent, says Schwartz.

“They must increase their compensation to remain competitive. However,

most multispecialty clinics must communicate other non-cash benefits to radiologists to counteract the significant compensation available to single specialty partners,” he says.

Since the data set has remained relatively stable over the last three years, Schwartz believes the increases are actual—not a result of new groups influencing the data. “I am anticipating a similar, if not higher, increase for 2002,” he notes.

SIR Challenges Compensation Survey Results

SIR questions the validity of the interventional radiology compensation information reported by AMGA’s latest Medical Group Compensation & Productivity Survey.

“AMGA members tend to be large health centers and multispecialty groups and clinics, not the typical practice model for most interventional radiologists, and the compensation results are based on a small and geographically concentrated number of AMGA members. Interventional radiologists are confronted by decreasing payment rates, such as those under the Medicare program, like other physicians,” says Michael R. Mabry, assistant executive director for policy for SIR.

Physicians and Scientists Top List of Prestigious Occupations

Another survey finds physicians continue to share top billing with scientists on the list of the most prestigious occupations.

The Harris Poll, conducted in August 2002, indicates that

TABLE 1
Median compensation in medical groups

	2001	2000	% Change
Anesthesiology	\$ 278,964	\$ 255,651	9.1
Cardiology			
cath. lab	310,500	286,000	8.6
general	287,163	271,001	6.0
Dermatology	220,766	198,196	11.4
Diagnostic radiology			
interventional	356,000	306,000	16.3
noninterventional	302,704	262,579	15.3
Emergency care	204,518	190,179	7.5
Family medicine	145,675	144,200	1.0
Internal medicine	150,534	144,264	4.3
Ob-gyn	230,804	228,663	1.0
Pediatrics	149,429	143,468	4.1
Urology	276,798	274,063	1.0

Source: American Medical Group Assn., 2002 Medical Group Compensation & Productivity Survey

TABLE 2
24-Year Trend for “Very Great” Prestige

Base: All Adults	1977	1982	1992	1997	1998	2000	2001	2002	Changes since 2001	Changes since 1977
Doctor	61	55	50	52	61	61	61	50	-11	-11

Source: The Harris Poll – October 2002

51 percent of those surveyed considered scientists of “very great prestige” and 50 percent considered doctors of “very great prestige.” While the percentages were down for both groups from the 2001 survey, the professionals have remained at the top of the list of prestigious occupations for more than 25 years. In 2002, increases were seen in prestige levels for military officers, police officers and members of Congress—a likely result of the events of 9/11, according to Harris.

Harris conducts an annual public opinion poll rating the prestige of 17 occupations including accountants, attorneys, bankers, clergy, military officers, physicians, police officers, teachers, scientists and union leaders. □

TABLE 3
2002 Prestige of 17 Professions and Occupations

Base: All Adults	Very Great Prestige	Considerable Prestige	Some Prestige	Hardly Any Prestige At All	Not Sure/ Refused
Scientist	51%	25%	20%	2%	3%
Doctor	50	30	17	1	2
Military Officer	47	27	21	3	2
Teacher	47	23	20	7	2
Police Officer	40	32	20	7	1
Priest/Minister/ Clergyman	36	25	24	11	3
Engineer	34	32	28	4	2
Architect	27	34	31	4	4
Member of Congress	27	30	29	11	3
Athlete	21	24	37	15	3
Entertainer	19	29	34	15	3
Journalist	19	25	41	12	4
Business Executive	18	29	36	13	4
Lawyer	15	25	38	20	2
Banker	15	29	44	10	2
Union Leader	14	22	37	23	5
Accountant	13	23	42	17	4

Source: The Harris Poll – October 2002

Easier Than Finding A Needle in a Haystack



Chicago Public High School students learned the basics of radiology as part of the new RSNA “Exploring Your Future in Radiology” program. The students participated in a full day of activities at RSNA 2002. William E. Shiels II, D.O. (left), first explained interventional sonography and then allowed the students to find an olive in a turkey breast (right). The students also toured the technical exhibits, had lunch with the RSNA Public Communications Committee, and were presented with information about various career opportunities in radiology.

The students will now take part in a scholarship competition that will include some of the information presented to them at RSNA 2002. The winners will be announced next April or May, and scholarships will be awarded to the students at RSNA 2003.



RSNA Provides Image License for Authors*

RSNA regularly reviews its programs and policies in response to research on member needs and changes in the world at large that affect radiology. In 2001, the Society decided to take a thorough look at its policies regarding intellectual property. The result has been a change with regard to medical images published in RSNA journals and educational materials, effective January 1, 2003.

Old Policy

RSNA has been following an intellectual property rights policy that is standard in the publishing industry. Specifically, authors must transfer ownership of copyright to their journal articles and educational materials to RSNA at the time they submit their materials for publication. If, after peer review, RSNA decides not to publish the material, copyright ownership reverts to the author. But if RSNA decides to publish the article or material, it retains copyright ownership. Anyone wishing to republish images—including authors—must contact RSNA for permission.

New Policy

Under the revised policy, authors will continue to grant copyright ownership to RSNA, but RSNA will then grant the authors a license to use their images in other journals or books without written permission from RSNA. However, authors must notify RSNA of their intent to give their images to commercial publishers (in legal terms, to sublicense their images).

The license applies to the published images only, not to the article itself. The revised policy affects images published in *Radiology*, *RadioGraphics* and any educational materials RSNA

publishes, including those published on the RSNA Web site, such as the images seen on InteractED.

Background to Policy Change

The revised policy came about following a discussion on intellectual property during a meeting of RSNA Publications Council. The Board of Directors decided to establish a task force to review the intellectual property rights policy for all RSNA journals and published materials and to make recommendations. The Board charged the task force with surveying other publications and

The task force concluded that RSNA should recognize the trend in publishing toward greater emphasis on authors' rights, provide authors with flexibility and freedom in using their own images, and give academic radiologists something in return for submitting scientific manuscripts to RSNA.

organizations to determine what policies others are following, assessing the needs of authors and readers, and ensuring that RSNA continues to receive high-quality articles and educational materials. Anthony V. Proto, M.D., editor of *Radiology*, chaired the task force. The other members were William W. Olmsted, M.D., editor of *RadioGraphics*; Ronald L. Arenson, M.D., chairman of the Electronic Communications Committee; Teresa C. McCloud, M.D., then Board liaison-des-

ignate for education; Robert R. Hattery, M.D., Board liaison for publications and educational materials; and Brian C. Lentle, M.D., then Board liaison for education. Attorney William Walsh was also a task force member.

Goals of RSNA

In the process of reviewing the copyright policy of RSNA and developing options for the future, the task force considered RSNA goals to be:

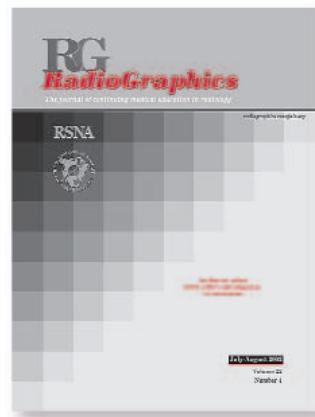
1. Retain and improve the goodwill of authors toward RSNA
2. Protect and promote authors' material
3. Keep the number of submissions to RSNA journals high and increase the number of submissions of educational material
4. Ensure the integrity, quality and ownership of intellectual property
5. Retain the ability of RSNA to distribute scientific and educational content and offset expenses of publication
6. Have the opportunity to publish or license publication of articles in other forms
7. Have the opportunity to take advantage of new publication technologies and media

The task force concluded that RSNA should recognize the trend in publishing toward greater emphasis on authors' rights, provide authors with flexibility and freedom in using their own images, and give academic radiologists something in return for submitting scientific manuscripts to RSNA.

Notification Required

The requirement for authors to notify RSNA about their intent to sublicense

the images they published in an RSNA journal or in educational materials applies to the process of sublicensing to commercial enterprises, such as another journal, a book publisher, or any other type of commercial publisher. The authors may, however, post the images on their own Web site or share the images with colleagues for presentation in lectures or at meetings, without notifying RSNA. The Society will maintain records of how many authors notify it about sublicensing of images to a commercial third party to determine what uses are being made of the images. The records will help RSNA ensure that the images are not being unlawfully “pirated” by a commercial third party. The Board will also use this information to monitor the effectiveness of the revised intellectual property rights policy and review it in the future. The Board might request that authors be surveyed a year after the new policy becomes effective to determine their attitudes



about the policy and RSNA for implementation of this policy.

Policy Elements That Remain the Same

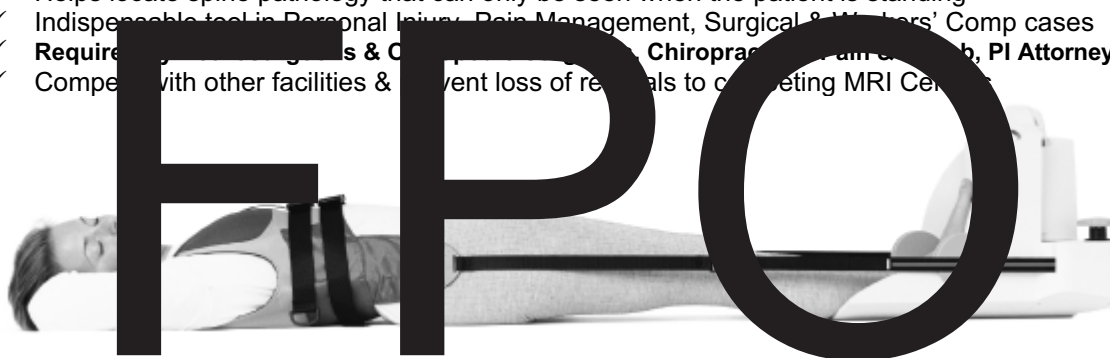
What does not change with the new policy is that authors will still transfer copyright ownership of their articles or educational products to RSNA, and RSNA will still own the copyright to the articles and the journal in which they are published. Journal issues and educational products published by

RSNA will still be registered with the U.S. Copyright Office. Furthermore, commercial third parties that wish to use an article, table or section of text from articles or educational materials published by RSNA must still obtain written permission from RSNA. However, if commercial third parties want to use images from articles or materials published by RSNA, they may obtain permission from the authors. □

* Based on a Special Communication from 2002 RSNA Board Chairman Brian C. Lentle, M.D., which appears in the January 2003 issue of Radiology.

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Implementing HIPAA Privacy and Security Rules in a Radiology Department

With the deadline fast approaching for implementing regulations from the Health Insurance Portability and Accountability Act (HIPAA) on patient privacy and security, hospitals, academic health centers, private clinics and health plans are gearing up to meet the increased demands these regulations will make on clinical practice and medical research.

Compliance dates for implementing the privacy provisions of HIPAA are April 14, 2003, for health plans other than small health plans and April 14, 2004, for small health plans. The federal government was expected to publish the final security rule on December 27, 2002.

This regulation, along with several others pertaining to administrative issues, will have a major impact on the practice of radiology, says Samuel J. Dwyer III, Ph.D., a professor of radiology at the University of Virginia.

Although Dr. Dwyer sees many advantages to HIPAA—such as the protection of patient information, more efficient electronic transactions and code sets, and the establishment of business associate agreements to protect patient health—he also sees several disadvantages, such as the need for extensive written documents to prove compliance and the need for training programs.

The main challenge will be providing written documentation on how regulations will be implemented at each site. For example, Dr. Dwyer says if teleradiology services are included, secure means of providing protected health information, such as the use of virtual private network (VPN) techniques, has to be documented.

Implementation of HIPAA in Radiology

A good way for radiology departments to begin, suggests Dr. Dwyer, who is an author of several articles on HIPAA and has lectured about HIPAA's impact on radiology, is to organize a HIPAA Steering Committee and select a project manager to ensure that all aspects of HIPAA efforts stay on-track. This committee should designate separate teams of people responsible for each of the requirement areas (such as privacy, security), and a team devoted to implementation planning.

Since radiology departments use digital imaging modalities, a unique

challenge to adapting to HIPAA in radiology departments is the need to consider how to protect patient images, says Dr. Dwyer. All the current imaging systems could potentially fail to meet patient privacy and security regulations.

“The DICOM format header on each digital image contains protected health information as do analog film libraries, which often contain protected health information in the consultation reports in the film jacket,” he explains. In addition, radiology departments often interface to HIS-RIS for which HIPAA protection is required. Teleradiology systems are also required to satisfy HIPAA requirements, he adds.

Another proposed method to implement HIPAA regulations in radiology departments is to map the regulations to an operational analysis of how information flows both internally within a radiology department and externally to other departments and services. Herman Oosterwijk, president of OTech Inc., a healthcare technology training and consulting firm, describes this approach as dividing a radiology department into “zones of information,” with each zone having a different priority and level of information.

For each zone, incoming and outgoing information is defined to identify potential security and/or privacy regulations that need to be addressed. Overall, privacy and security issues increase the farther the distribution and access for information and images extends beyond the radiology department. Common to all levels of information is the need to control access to information and imaging, to provide proper authorization for access and to install audit trails to track access.

Although questions still persist on

HIPAA Speak: A Glossary for the Radiology Department

Protected Health Information (PHI)

- Health information in any form (paper, electronic, verbal, etc.) that personally identifies a patient
- Includes paper records that have never been electronically stored or transmitted
- Does not include “disidentified” data that has been stripped of patient name, address, etc.

Reasonable and Appropriate

- Proposed security and privacy regulations clearly and repetitively stress measures should be “reasonable and appropriate”
- This phrase will undoubtedly become critically important in planning, implementation and enforcement of HIPAA regulations

Minimum Necessary

- Only the medical information necessary to achieve a specific purpose may be shared with others
- Analogous in some ways to JCAHO limitation of information to only those with a “need to know” this stipulates that patient information shared should be limited to what is required for the consult or other purpose and no more

Courtesy of Dr. Siegel

Zones of Information: Strategy for Implementing HIPAA Regulations in a Radiology Department

Zone 1	Department itself. Information includes patient demographics and order information from which diagnostic reports and images are generated.	Procedural protocols to ensure privacy may include sending films to a workstation in radiology on a protected local area network and making sure that physical access to equipment and networks is protected.
Zone 2	First zone outside the department where radiology still has control over information, such as MR imaging in outpatient clinics, portables in the ICU or ER, and images from the C arms in the OR.	Procedures to ensure privacy in this zone again focus on the critical need for proper access. Specific procedures may include making sure that images displayed on a light box for physicians in the ICU, for example, are not displayed in such a way that family members and other visitors in the ICU are able to view the images.
Zone 3	Zone that extends beyond first two zones into areas such as physician offices and nursing stations throughout hospital.	Procedures to ensure privacy need to consider who should have access to the electronic medical record (EMR). Authorization and audit trails are important procedures to help identify problems maintaining privacy and security.
Zone 4	Zone that extends into wider community through internet, such as display of images on a Web browser.	Departments and hospitals may decide not to include this zone into their practice because of the difficulty of ensuring privacy over the internet.

(Adapted from White Paper: A Roadmap Toward Implementing HIPAA in Radiology, www.otechimg.com/hipaa_whitepaper.php)

the overall benefit of the HIPAA regulations on medical care and research, as well as the enormous financial cost these regulations will incur, the privacy regulations are now in place with the security regulations expected imminently. Therefore, the task at hand is to get departments to comply. To this end, clinical departments are identifying key areas within their specialties that present potential problems for compliance. For radiology departments, protecting patient images and associated information is a priority. To achieve this, departments need to adopt plans to identify information flow and potential privacy and security concerns. Critical to achieving patient privacy and security is control of access and distribution of images.

Who Will Enforce HIPAA?

“HIPAA privacy will be enforced by the Department of Health and Human Services’ Office of Civil Rights,” says Eliot Siegel, M.D.,

vice-chairman of information technology at the University of Maryland and chief of imaging at the VA Maryland Healthcare System. “The Office of Civil Rights employs about 250 people and is currently training its staff regarding HIPAA enforcement. The Office plans on hiring more people to work on HIPAA privacy enforcement activities.”

He adds that enforcement activities may include review of a healthcare organization’s privacy policies and procedures, full-scale investigations of such organizations and a review of the facilities and/or private practices of a healthcare organization’s “business associates.” These reviews may be conducted regardless of whether or not a complaint has been lodged against such an organization. □

HIPAA Resources:

HIPAA Workbook Available

The new *HIPAA Workbook for Privacy and Security*, from the Radiology Business Management Association (RBMA), is a radiology-specific guide to implementing the standards of the Health Insurance Portability and Accountability Act. It includes sample policies and procedures, consent and authorization forms, sample business associate and chain of trust agreements, planning and implementation guidelines and much more. The workbook is designed to provide what the generic user guides cannot—real life examples that reflect issues unique to radiology. www.rbma.org/products/

RSNA Members will receive a discount of \$300 off the \$1,295 price.

AMA launches new HIPAA tool

The American Medical Association recently launched AMA HIPAALink, an online HIPAA education and compliance tool designed specifically for physician practices. AMA HIPAALink helps physicians identify current shortcomings in their current security and privacy policies and generate new HIPAA-compliant policies and procedures. AMA HIPAALink also includes in-depth training for a practice’s privacy officer and intermediate training for physicians and staff who deal with protected health care information.

www.ama-assn.org/ama/pub/category/8910.html

Centers for Medicare and Medicaid Services

cms.hhs.gov/hipaa/

American College of Radiology

www.acr.org

Clinical Research Resources

www.clinicalresearchresources.com

Working For You

Patient Education Brochures

RSNA has developed new patient education brochures to help patients prepare for various radiologic procedures. Five brochures are available, including one on MRI of the Musculoskeletal System. This brochure provides insight into how and why the procedure is performed, explains how to prepare for an MR imaging exam, and teaches the patient what to expect during the procedure.



Other brochures are available on Abdominal Ultrasound Scanning,

Mammography, CT of the Body and Radiology & Your Health.

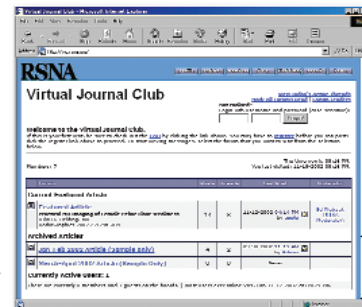
For more information or to place an order, go to www.rsna.org/practice/index.html or call (800) 272-2920. The RSNA member price is \$19.95 plus shipping for a packet of 100.



Virtual Journal Club

Beginning next month, one article from the current issue of *RadioGraphics* will be chosen for the new Virtual Journal Club (vjc.rsna.org). After reviewing the article, either as a PDF or on *RadioGraphics Online*, this interactive site allows readers to post their questions and comments to which the authors of the article will respond. The Club is especially valuable for residents and fellows. The Virtual Journal Club will be "live" for a specified, three-week period after which, the discussion will still be open, but the authors will not respond.

The first article, from the January-February issue of *RadioGraphics* is "US of GI Abnormalities" by Martin E. O'Malley, M.D., from the Department of Radiology at Toronto General Hospital. The Virtual Journal Club is expected to be activated on February 3.



New and Improved Manuscript Central

For one year now, *Radiology* has been accepting manuscripts via the Internet at Manuscript Central, the leading Web-based peer-review application. It is now easier to submit original materials. Instead of uploading medical images one by one, Manuscript Central now allows images to be imbedded in the same Word document as the manuscript text. The information must appear in the following order: abbreviated title page, abstract, text, appendix, references, tables (embedded), and captions and illustrations (embedded). Full title page, acknowledgements and supplemental material should be submitted as three separate files.

For more information, see the instructions and forms at radiology.manuscriptcentral.com.

Membership Renewal Online

You now can renew your RSNA membership online at www.rsna.org. At the top of the page, click Members LOGIN and follow the instructions. Invoices for 2003 RSNA membership were mailed in early November. Because online access to *Radiology* and *RadioGraphics* is tied to membership status, payments not received by December 31, 2002, triggered an automatic inactivation of online subscriptions.

For more information or to renew by phone, contact the RSNA Membership and Subscriptions Department at (630) 571-7873 or membersh@rsna.org.

If you have a colleague who would like to become an RSNA member, you can download an application at www.rsna.org/about/membership/memberapps.html, or contact the RSNA Membership and Subscription Department at (630) 571-7873 or membersh@rsna.org.

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In the world of radiology, RSNA is synonymous with high quality and innovation. I've been privileged to work closely with superb and dedicated editors, authors and reviewers over the years, and thus to learn how quality is produced and maintained. One of my main goals is to ensure that all the areas and projects I oversee remain strong links in the chain of RSNA quality. I strongly believe that all problems can be solved and have been ably assisted by a remarkably "can do, never say die" staff. The thought that "to travel hopefully is better than to arrive, and the true success is to labor" helps keep me happy and fresh in my work.



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August 13, 1984

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JOURNALS

Radiology in Public Focus

A press release has been sent to the medical news media for the following scientific article appearing in the January issue of *Radiology* (radiology.rsnaajnl.org):

"Correlation of Functional MR Imaging Activation Data with Simple Reaction Times"

The amount of activation volume in the motor and visual cortices of the brain appear to have an effect on reaction time.

Kader Karli Oguz, M.D., from Johns Hopkins Hospital, and colleagues studied the relationship between reaction times and activation volume during

visuomotor functional MR imaging in 24 subjects.

RSNA press releases are available at www2.rsna.org/pr/pr1.cfm.

They found that there was a greater activation volume in the motor and visual cortices of the six subjects with the fastest reaction times, than in the six subjects with the slowest reaction times.

The researchers write, "Since slowing of motor functions has an undeniable effect on quality of life as people get older, it is

important to understand the underlying pathophysiology of this phenomenon."

(*Radiology* 2003; 226:188-194)





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| Volker Kunze, M.D. | Attef A. Mikhail, M.D. | Gene E. Quirini, M.D. | Pannee Siripong, M.D. |
| Alfred B. Kurtz, M.D. | Peter Mildemberger, M.D. | James N. Rademacher, M.D. | Roshan Sivagnanam, M.D. |
| James E. Lalak, M.D. | Brendan M. Miles, M.D. | Lee R. Radford, M.D. | Jack Sklansky, Eng.Sc.D. |
| Andrew B. Landes, M.D. | Richard C. Miller, Ph.D. | Marvin J. Russell, M.D. | |

COMMEMORATIVE GIFTS

- | | | |
|---|--|---|
| Mark Alson, M.D.
<i>In honor of Philip Pattarelli, M.D.</i> | Nancy Ellerbroek, M.D.
<i>In honor of Herman I. Libshitz, M.D.</i> | Michael J. Murray, M.D.
<i>In memory of William J. Murray, M.D.</i> |
| Robert Appelman, M.D.
<i>In memory of David Appelman, M.D.</i> | Julia R. Fielding, M.D.
<i>In honor of Barbara Weissman, M.D.</i> | Grant Price, M.D.
<i>In memory of David Price</i> |
| Dr. & Mrs. Jerry H. Arndt
<i>In honor of Alvin D. Sears, M.D., & Michael J. Smerud, M.D.</i> | Ruth E. & Gerhardt R. Fitz, D.O.
<i>In honor of Jonathan & Alma Fitz</i> | Robert Princenthal, M.D.
<i>In memory of Gerald Princenthal</i> |
| Eamonn Bannan, M.D.
<i>In memory of William Bannan</i> | Kiah T. Ford III, M.D.
<i>In honor of Maurice Reeder, M.D.</i> | Deloris Rissing, M.D.
<i>In honor of Henry C. Blount Jr., M.D.</i> |
| Michael J. Benanti, D.O.
<i>In memory of Mahendra Patel, M.D.</i> | Richard E. Fulton, M.D.
<i>In memory of Glen Hartman, M.D.</i> | Michael Siegfried, M.D.
<i>In honor of Richard E. Buenger, M.D. & Jerry P. Petasnick, M.D.</i> |
| Brian D. Briscoe, M.D.
<i>In memory of Tulia M. Briscoe</i> | Michael S. Girard, M.D.
<i>In memory of David J. Sartoris, M.D. & in honor of Robert F. Mattrey, M.D.</i> | Robert Steiner, M.D.
<i>In memory of Jack Edeiken, M.D., & Simon Kramer, M.D., & in honor of Vijay Rao, M.D.</i> |
| Kim Burroughs, M.D.
<i>In memory of Micah Bangert-Burroughs</i> | Basil J. Grieco, M.D.
<i>In honor of Richard Heilman, M.D.</i> | Richard P. Stewart, M.D.
<i>In memory of John Evans, M.D.</i> |
| Sam Cade, M.D.
<i>In honor of Drs. Alvin D. Sears, Jerry H. Arndt, George Plum, Joe Hawkins & Roger Rian</i> | Linda M. Gruener, M.D.
<i>In memory of John & Virginia Bykowski</i> | M. Linda Sutherland, M.D.
<i>In memory of Professor Paul E. Fischbach</i> |
| Basil Considine, M.D.
<i>In memory of Juan A. del Regato, M.D.</i> | Gail C. Hansen, M.D.
<i>In honor of Juris Gaidulis</i> | William M. Thompson, M.D.
<i>In memory of Charles M. Thompson, M.D.</i> |
| Susanne Daye, M.D.
<i>In memory of Sami Daye, M.D.</i> | Edwin F. Koch Jr., M.D.
<i>In memory of Roscoe E. Miller, M.D.</i> | Julie K. Timins, M.D.
<i>In memory of Helen C. Redman, M.D.</i> |
| Raymond L. Del Fava, M.D.
<i>In memory of William T. Meszaros, M.D.</i> | Mary Mackiernan, M.D.
<i>In honor of James J. McCort, M.D.</i> | Daniel J. Wunder, M.D.
<i>In honor of James F. Wunder, M.D.</i> |
| Arthur D. Drazan, M.D.
<i>In memory of Herb Zatzkin</i> | Arlene C. Marx, M.D.
<i>In memory of Anna & Stephen Marx</i> | Corine A. Yee, M.D.
<i>In memory of Mr. & Mrs. William Yee</i> |
| | Mark D. Monson, M.D.
<i>In honor of Donald M. Monson, M.D.</i> | |

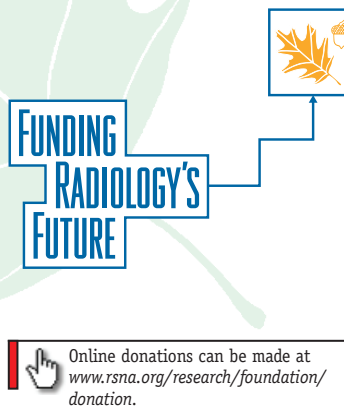
SILVER (\$200 - \$499), CONTINUED

Michael L. Sloan, M.D.
 Thomas L. Slovis, M.D.
 Kenneth D. Smith, M.D.
 Ronald P. Smith, M.D.
 Spencer M. Smith, M.D.
 Bonnie R. Smith, M.D.
 Ronald M. Sokoloff, M.D.
 Andrew H. Sonin, M.D.
 Mary & Edward V. Staab, M.D.
 Gordon K. Sze, M.D.
 Yasuo Takehara, M.D.
 Akihiro Tanimoto, M.D.
 Roger P. Tart, M.D.
 Joseph H. Tashjian, M.D.
 Linda P. Thomas, M.D.
 Webb M. Thompson III, M.D.
 Craig P. Tillman, M.D.
 Joseph B. Tison, M.D.
 Richard T. Trackler, M.D.
 John W. Travis, M.D.
 Bradley R. Trotter, M.D.
 Patrick A. Turski, M.D.
 Eric J. Udoff, M.D.
 Edwin J.R. Van Beek, M.D., Ph.D.
 Farrel K. Van Wagenen, M.D.
 Jodie K. Van Wyhe, M.D.
 Theodore L. Vander Velde II, M.D.
 Eliseo Vano, Ph.D.
 Ronald I. Veatch, M.D.
 Athanasios Vlahos, M.D.
 Peter Vock, M.D.

Michael E. Waldman, M.D.
 Michael Ping Wang, M.D.
 Ruth M.L. Warren, M.D.
 Alfred F. Weitzman, M.D.
 Paul R. White, M.D.
 C. David Williams III, M.D.
 Constance H. Wojtowicz, M.D.
 Clifford R. Wolf, M.D.
 Gertraud Wollschlaeger, M.D.,
 Ph.D.
 Philip Woolfall, M.B.
 Bynum McWhorter Works Jr., M.D.
 Finisa Wright
 Rolf Wyttenbach, M.D.
 Rauf Yagan, M.D.
 Koichi Yamaguchi, M.D.
 Daniel B. Yang, M.D.
 David M.Y. Yeh, M.D.
 Mark Ming-Yi Yeh, M.S., M.D.
 Gerry York II, M.D.
 Carol Miriam Younathan, M.D.
 David M. Yousem, M.D.
 David L. Yuille, M.D.
 Steven R. Yule, M.B.Ch.B.
 Dennis S. Yutani, M.D.
 Vanessa M. Zayas-Colon, M.D.
 Mohamed Zbidi, M.D.
 Allan Zellis, M.D.
 Anne J. Zimmermann, M.D.

SPECIAL CONTRIBUTION

The Radiological Society of Southern California decided to close its doors in 2002 due to a decline in membership and administrative interest. Without the means to sponsor its annual local CME meetings for members, Society president Stephen M. Greenberg, M.D., made the difficult decision to disband the society. A long-time member of RSNA, Dr. Greenberg donated the society's \$2,500 in residual monies to the RSNA Research & Education Foundation. "It seemed like a worthy cause, and by giving the funds to an organization, there wouldn't be any tax implications for the society's members who had taken tax deductions when paying their dues over the years," Dr. Greenberg says.

**RSNA: PROGRAM & GRANT ANNOUNCEMENTS****NEW!****PowerRAD 2003: Digital Image Management and Presentation**

RSNA is sponsoring this one-day course on May 31, 2003, at RSNA Headquarters in Oak Brook, Ill. Paul J. Chang, M.D., of the University of Pittsburgh Medical Center, will take participants through the process of:

- Converting radiologic images into an electronic format
- Editing images and text using lecture software
- Operating a laptop during a lecture

Attendees will get practical hands-on experience and personal instruction. The PowerRAD 2003 course includes printed lecture notes and CD-ROM software.

A maximum of 7.25 AMA category 1 credit hours are available. Registration is \$199 for RSNA members and \$239 for Non-members. For more information contact the RSNA Education Center staff at (630) 368-3747 or ed-ctr@rsna.org.

NEW!**Strategies for Running a Successful Radiology Practice**

RSNA is sponsoring a course for current and future academic chairs and leaders of private practice groups, July 11-13, 2003, in Oak Brook, Ill. During this 2½-day course, you will learn about issues relevant to future leaders in radiology, enabling you to navigate the obstacles each leader will face. Attend sessions on financial, quality control, billing, compliance and legal issues as well as general strategies. Didactic morning lectures are followed by split interactive breakout sessions for academic or private practice strategic planning in the afternoon on Friday and Saturday.

Registration Fees

RSNA Members: \$695

RSNA Members-in-Training: \$275

Non-members: \$795

For more information, contact the RSNA Education Center at (630) 368-3747 or ed-ctr@rsna.org

News about RSNA 2003

Abstracts for RSNA 2003

It's not too early to make preparations to submit scientific abstracts for RSNA's 89th Scientific Assembly and Annual Meeting. All abstracts for RSNA 2003 must be submitted online. The submission site will be operational beginning in early 2003 through RSNA Link (www.rsna.org).

Complete abstract submission instructions will be printed in the back of the January, February and March 2003 issues of *Radiology* and the January–February 2003 issue of *RadioGraphics*.



RSNA'03

COMMUNICATION FOR
BETTER PATIENT CARE

November 30–December 5
McCormick Place, Chicago

All abstracts must be received by April 15, 2003.

Abstracts are required for scientific papers, scientific posters, education exhibits and *infoRAD* exhibits.

Scientific presentations can be made in either oral or poster format.

Oral presentations will be delivered at an assigned date and time and will

be limited to six minutes followed by three minutes for discussion. Attendees of oral presentations are awarded category 1 CME credit. An author of a poster will be assigned to a one-hour scientific session in which attendees will earn category 1 CME credit. Posters will be on display during the entire week for independent review by attendees who can claim self-study credit.

Attendance at RSNA 2002

	2000	2001	2002*
Professionals	24,600	21,405	24,471
Exhibitors	30,816	27,764	29,323
Total	60,443	53,569	59,200

*As of Friday, December 6, 2002 (unaudited)

Important Dates for RSNA 2003

April 15	Deadline for abstract submission
April 28	RSNA and AAPM member registration opens
June 23	General registration, housing and refresher course enrollment opens
Oct. 10	Registration deadline for Non-North American participants to have badge wallet mailed
Oct. 31	Final advance registration deadline
Nov. 30–Dec. 5	RSNA 89th Scientific Assembly and Annual Meeting

For more information about RSNA 2003, call (630) 571-7862 or e-mail reginfo@rsna.org

RSNA 2003 Exhibitor News

RSNA 2003 Exhibitor Meeting

All RSNA 2002 exhibitors are invited to attend the RSNA 2003 Exhibitor Planning Meeting on February 18 at Rosewood Restaurants and Banquets near O'Hare International Airport. The meeting is intended to review RSNA 2002 and plan for RSNA 2003. More information will be sent to each exhibitor's official contact in mid-January.

RSNA 2002 Exhibitors

	% change from RSNA 2001	
Total Companies	657	+ 3%
First-time Exhibitors	147	0%
Square Footage	443,000	- 0.5%

Important Exhibitor Dates for RSNA 2003

February 18	Exhibitor Planning Meeting
March 31	Exhibitor Prospectus Mails
June 24	Exhibitor Planning/Booth Assignment Meeting
July 3	Technical Exhibitor Service Kit Mails
Nov. 30–Dec. 5	RSNA 89th Scientific Assembly and Annual Meeting

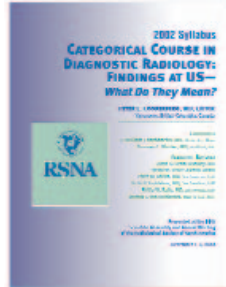
For more information, contact RSNA Technical Exhibits at (630) 571-7851 or e-mail: exhibits@rsna.org.

www.rsna.org

RSNA 2002 Syllabus Available Online

A PDF version of the RSNA 2002 syllabus, *Categorical Course in Diagnostic Radiology: Findings at Ultrasound—What Do They Mean?* is available through the Education Portal on *RSNA Link*. This syllabus was edited by Peter L. Cooperberg, M.D., J. William Charboneau, M.D., and Thomas C. Winter, M.D. The PDF version is \$69 for RSNA members and \$79 for nonmembers. The print version is \$75 for members and \$85 for nonmembers. To order either version, go to:

► www.rsna.org/education/syllabi/



OTHER WEB NEWS

NIBIB Workshop Report

The National Institute of Biomedical Imaging and Bioengineering (NIBIB) has posted a report summarizing the discussions and recommendations made at the August NIBIB Workshop on Biomedical Imaging and Bioengineering Training. The document is available at www.nibib.nih.gov/news/nibibtraining.pdf or in the News and Events page of the NIBIB Web site at www.nibib.nih.gov.



Regulations to Improve Patient Care

The Department of Health and Human Service's Advisory Committee on Regulatory Reform has issued its final report highlighting hundreds of specific recommendations for improving regulatory requirements across HHS agencies.

HHS and its agencies have already implemented 26 recommendations and are taking significant steps to address many others to better serve patients.

"One by one, we are removing the unnecessary barriers between patients and their doctors, nurses and other health care providers," HHS Secretary Tommy G. Thompson said. "By restoring common sense to our regulatory system, we are helping health care professionals spend more time caring for patients and less time consumed with paperwork."

The committee's final report is available at www.regreform.hhs.gov.

Image License for Journal Authors

RSNA has posted a sample image license for *Radiology* and *RadioGraphics* authors. This license extends for the full term of the copyright and allows authors to use and sublicense their images to others without requesting permission from RSNA. Each corresponding author will receive his or her image license after the manuscript is accepted for publication and sent to the RSNA Publications Department for processing. Please note that this license is for images (defined as radiologic images, artwork and related captions) but not for other elements of the accepted manuscript (such as text, graphs, tables, software). The sample document is in the Publications section of *RSNA Link*:

► www.rsna.org/publications/license.html

New Grant

The RSNA Research and Education Foundation has a new educational program grant, the Institutional Fellowship in Radiology Informatics. This award is \$50,000 per year for three consecutive years (\$150,000 total), to be used as salary support for selected fellows. A different fellow must be chosen each year. For details and an application form, see the description on *RSNA Link*:

► www.rsna.org/research/foundation/informatics.html

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RSNA Link
www.rsna.org

Radiology Online
radiology.rsna.org

Radiology Manuscript Central
radiology.manuscriptcentral.com

RadioGraphics Online
radiographics.rsna.org

Education Portal
www.rsna.org/education/etoc.html

CME Credit Repository
www.rsna.org/cme

RSNA Index to Imaging Literature
rsnaindex.rsna.org

Database of Funding Opportunities
www3.rsna.org/dor/

RadiologyInfo™
RSNA-ACR public information Web site
www.radiologyinfo.org
RSNA Online Products and Services
www.rsna.org/member-services

Medical Meetings

February – April 2003

JANUARY 31–FEBRUARY 1

Biomedical Imaging Research Opportunities Workshop (BIROW), RSNA/ARR/AAPM/BMES, Hyatt Regency, Bethesda • www.birow.org

FEBRUARY 1-5

Mexican Society of Radiology and Imaging (SMRI), XXVII Annual Course of Radiology and Imaging, Sheraton Hotel Centro Historico, Mexico City • www.servimed.com.mx

FEBRUARY 6-7

Fourth National Forum on Biomedical Imaging in Oncology, NCI/FDA/CMS/NEMA, Hyatt Regency, Bethesda • www3.cancer.gov/dctd/forum/

FEBRUARY 8-15

American Board of Radiology (ABR), Winter Meeting, Hualalai Resort, Kona, Hawaii • www.theabr.org

FEBRUARY 15-16

Current Trends in OB/GYN Ultrasound, American Institute of Ultrasound in Medicine (AIUM), "W" New Orleans Hotel, New Orleans • www.aium.org

FEBRUARY 16

American Institute of Ultrasound in Medicine (AIUM), Getting Started Workshop, "W" New Orleans Hotel, New Orleans • www.aium.org

FEBRUARY 16-21

Society of Gastrointestinal Radiologists (SGR), 32nd Annual Meeting, Fiesta Americana Grand Coral Beach, Cancun, Mexico • www.sgr.org

MARCH 2-6

Society of Thoracic Radiology (STR), Annual Meeting and Scientific Session, Loews Hotel, Miami Beach, Fla. • (507) 288-5620

MARCH 7-11

European Congress of Radiology (ECR), Vienna, Austria • www.myecon.org

MARCH 12-16

3rd Annual PACS Conference, University of Rochester Department of Radiology, Westin Riverwalk Hotel, San Antonio, Texas • (585) 275-1050 or www.urmc.rochester.edu/pacs2003

MARCH 24-28

Society of Computed Body Tomography and Magnetic Resonance (SCBT/MR), 23rd Annual Course, Westin Mission Hills Resort, Rancho Mirage, Calif. • (507) 288-5620

MARCH 27-APRIL 1

Society of Interventional Radiology (SIR), Convention Center, Salt Lake City, Utah • www.sirweb.org

MARCH 30-APRIL 2

American College of Cardiology (ACC), 52nd Annual Scientific Session, Chicago • www.acc.org

APRIL 9-13

Society of Chairmen of Academic Radiology Departments (SCARD), Fontainebleau Hilton, Miami • www.scard.org

APRIL 9-13

Association of University Radiologists (AUR), 51st Annual Meeting, Fontainebleau Hilton, Miami • www.aur.org

APRIL 9-13

American Association of Chief Residents in Academic Radiology (A3CR2), Fontainebleau Hilton, Miami • www.a3cr2.com

APRIL 9-13

Association of Program Directors in Radiology (APDR), Fontainebleau Hilton, Miami • www.apdr.org

APRIL 11-13

Japan Radiological Society (JRS), 62nd Annual Meeting, Yokohama, Japan • www.radiology.or.jp/english/index.htm

APRIL 12-15

Society of Breast Imaging (SBI), 6th SBI Postgraduate Course, Westin Diplomat Resort and Country Club, Hollywood, Fla. • www.sbi-online.org

APRIL 27-MAY 2

American Society of Neuroradiology (ASNR), 41st Annual Meeting, Washington, D.C. • www.asnr.org

MAY 31

PowerRAD 2003: Digital Image Management and Presentation, RSNA Headquarters, Oak Brook, Ill. • (630) 368-3747 or ed-ctr@rsna.org

NOVEMBER 30–DECEMBER 5

RSNA 2003, 89th Scientific Assembly and Annual Meeting, McCormick Place, Chicago • www.rsna.org